

FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37129

Registration District No. 155

Primary Registration District No. 3-27

Registrar's No. 163

1. PLACE OF DEATH:

(a) County **JASPER**
(b) City or town **WEBB CITY, MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **JANE CHINN**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 MONTH**
(Specify whether years, months or days)
In this community **22 YEARS**

3. (a) PRINT FULL NAME **CAROLINE RUTH DEAL**

3. (b) If veteran, name war **1** 3. (c) Social Security No. **1**

5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
4. Sex **FEMALE** 6. (b) Name of husband or wife **FRANK M. DEAL**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **OCTOBER 10 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 0 24 hr. min.

9. Birthplace **MALMEDY, BELGIUM**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **JOHN JIENS**

12. Name **BELGIUM**

13. Birthplace **GERTRUDE VAUGHAN**
(City, town, or county) (State or foreign country)

14. Maiden name **BELGIUM**

15. Birthplace **FRANK M. DEAL**
(City, town, or county) (State or foreign country)

16. (a) Informant **2220 VIRGINIA**

(b) Address **BURIAL** (b) Date thereof **11-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark, Joplin, Mo**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo**

19. (a) **NOV. 9, 1948** (b) **P. L. Hunsaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JASPER**
(c) City or town **JOPLIN**
(If outside city or town limits, write "RURAL")
(d) Street No. **2220 VIRGINIA**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **4**
year **1948** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 11**
48 to **Nov. 4 48**
that I last saw her alive on **Nov. 4 48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia** Duration **2 days**

Due to **Metastatic Cancer** **1 yr.**

Due to **Cancer Fundus Uteri** **1 1/2 yr**

Other conditions **✓**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **✓**

Of autopsy **48**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence **✓**

(c) Where did injury occur? **✓**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **✓**
(Specify type of place)

While at work? **✓** (e) Means of injury **2**

23. Signature **P. L. Hunsaker** (Physician or other) **Sec.**

Address **Joplin, Mo** Date signed **11-8-48**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

2020
Hobbs

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
 _____, Registered Apprentice No. _____,
 working under my personal supervision.

Signed F. M. Jones
 Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.